



RHODE ISLAND HOUSING RESOURCES COMMISSION

LEAD HAZARD MITIGATION

MITIGATION CLEARANCE INSPECTION REPORT



Type of Inspection

- ☐ Independent Clearance Inspection ☐ Condominium Unit Inspection ☐ Interior Only Inspection ☐ Presumptive Compliance Inspection

Address Inspected

No./Street Address _____ City/Town _____ Zip Code _____
Total Units _____ Apt/Flr/Unit # _____ Plat/Lot _____ Year Built _____

Owner Information

Name _____ No./Street Address _____
City/State _____ Zip Code _____
Home Phone _____ Cell Phone _____

Occupancy Status:

- ☐ At-risk occupant ☐ Vacant ☐ Occupied-non risk occupant(s)

Lead Inspector/Technician Information

Lead Inspector Name _____ Lic. # _____
Lead Inspector Signature _____ Interior Visual ☐
Date Inspected _____ Exterior Visual ☐
Dust Sampling ☐

Lead Inspector/Technician Information

Lead Inspector Name _____ Lic. # _____
Lead Inspector Signature _____ Interior Visual ☐
Date Inspected _____ Exterior Visual ☐
Dust Sampling ☐

Lead Inspector/Technician Information

Lead Inspector Name _____ Lic. # _____
Lead Inspector Signature _____ Interior Visual ☐
Date Inspected _____ Exterior Visual ☐
Dust Clearance ☐

Inspector's Client

- ☐ Owner ☐ Not For Profit ☐ Property Manager ☐ Section 8 Program
☐ Tenant ☐ Private Client – Sale/Transfer ☐ State Agency ☐ Other _____

Notice to the Property Owner:

R.I. Lead Hazard Mitigation Regulations allow state certified Lead Inspectors and/or Lead Inspector Technicians to verify that the unit tested has met the required standards based on professional expertise. Every Lead Hazard Mitigation Inspector shall provide the property owner a copy of the final inspection report within five (5) business days of obtaining any laboratory results. The report must include a copy of the laboratory results from the laboratory company identified within the report.

THIS REPORT PROVIDES RESULTS OF A PROPERLY INSPECTED UNIT IN ACCORDANCE WITH MITIGATION (LEAD REDUCTION) STANDARDS. HOWEVER THIS INSPECTION DOES NOT GUARANTEE A UNIT HAS PASSED THE STANDARDS ESTABLISHED UNDER THE LEAD HAZARD MITIGATION REGULATIONS.

Inspector Initial _____ Date _____

CLEARANCE INSPECTION

Address Inspected: _____

Floor#/Unit ID: _____

INTERIOR ROOMS:

Room #	Room Name	Paint Hazards (circled)			
		YES	NO		
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	
				Ceiling, Walls, Trim, Floor, Window, Door, Cabinet, Other _____	

EXTERIOR PLACES:

Side #	Side Name	Paint Hazards (circled)			
		YES	NO		
				Siding, Doors, Trim, Porch, Windows, Doors, Soffit, Railing, Stairs, Columns, Foundation, Garage, Fence, Outbuilding, Other _____	
				Siding, Doors, Trim, Porch, Windows, Doors, Soffit, Railing, Stairs, Columns, Foundation, Garage, Fence, Outbuilding, Other _____	
				Siding, Doors, Trim, Porch, Windows, Doors, Soffit, Railing, Stairs, Columns, Foundation, Garage, Fence, Outbuilding, Other _____	
				Siding, Doors, Trim, Porch, Windows, Doors, Soffit, Railing, Stairs, Columns, Foundation, Garage, Fence, Outbuilding, Other _____	

INTERIOR DUST CLEARANCE:

A	B	C	D	E	F	G	H	I
Testing Location	Paint Chips (Y / N)	Area Sampled (dimension)	Lab Sample Number	Micrograms/ Wipe Result	Conversion Factor	Micrograms/ Square foot result	Spot Test (+ / -)	Hazard Assessment F/S/H
1 Field Blank								
Column I	(F/S/H)	Free = Lead-Free, Safe = Lead-Safe, Hazard = Lead-Hazard						

Inspector Initial _____

Date _____

CLEARANCE INSPECTION

Address Inspected: _____

Floor#/Unit ID: _____

VISUAL INSPECTION DEFICIENCIES:

Summary:

Inspection Passed ☐

Inspection Failed: ☐

Location:

1. INTERIOR PAINT HAZARD[S]	_____ YES	_____ NO
2. EXTERIOR PAINT HAZARD[S]	_____ YES	_____ NO
3. DUST HAZARD[S]	_____ YES	_____ NO
4. SOIL HAZARD[S]	_____ YES	_____ NO
5. FRONT COMMON HAZARD[S]	_____ YES	_____ NO
6. REAR COMMON HAZARD[S]	_____ YES	_____ NO

Comments:

Note: Interior Only Inspections - Interior Only Inspections are exclusively allowed under the weather variance provision. An automatic weather variance shall be granted between November 1 and May 31 by the Mitigation Inspector. The Mitigation Inspector must have the Property Owner/Designated Person complete and sign the Request for a Variance. Any identified exterior hazards must be corrected and re-inspected by the Mitigation Inspector no later than June 1 or within 30 days from the date the Interior Only Certificate was issued, whichever is latest.

Inspector Initial _____ Date _____